



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000100630 1. Entity Name MAXIM MANAGEMENT, LLC	
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Principal Place of Business 2701 OAK TREE DRIVE FT. LAUDERDALE, FL 33309	Mailing Address 2701 OAK TREE DRIVE FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5811058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FITZGERALD, JOHN E JR. 9165 PARK DRIVE MIAMI SHORES, FL 33138	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910894
05/07/08-80020-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMB, WALTER F JR. 2701 OAK TREE DRIVE FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMB, CHERYL J 2701 OAK TREE DRIVE FT. LAUDERDALE, FL 33309
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Cheryl J. Lamb* **4-17-08- 954-484-4025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #